

FILED FEB 16 1949

STANDARD CERTIFICATE OF DEATH

4489

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4198</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>King City - Gentry County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GENTRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>3</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>King City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway accident</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First) <u>EDGAR</u>		c. (Last) <u>CLEMENTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 17-1924</u>	
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo - Henry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>O.L. Clements</u>		13b. MOTHER'S MAIDEN NAME <u>ETHEL MAE ROBISON</u>	
14. NAME OF HUSBAND OR WIFE <u>DORIS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MARYIN CLEMENTS</u> ADDRESS <u>STANBERRY</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest and leg broken</u> ANTECEDENT CAUSES <u>internal injuries</u> DUE TO (b) _____ DUE TO (c) <u>Car Accident - Two Car Collision</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8166</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 miles N of King City</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jackson Twp Gentry Mo</u>		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 22 1949 11:00</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1-22-49</u> , 19 <u>49</u> , to <u>1-22-49</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				23a. SIGNATURE <u>G. Williamson Corcoran</u> (Degree or title) <u>Gentry, Mo</u>			
23b. ADDRESS _____		23c. DATE SIGNED <u>1-23-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan 27-49</u>		REGISTRAR'S SIGNATURE <u>James N. Nichols</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Taggart</u>		ADDRESS <u>King City Mo</u>		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1949

MAR 25 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

R. H. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. *2563*

P. O. Address *King City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.